

# Challenges of Human Sexuality and Life Cycle

Marie Eugene D'Almeida

Carmel Jwala, Patna, Bihar, India

---

## *Abstract*

How does an individual know that he/she is in trouble with Internet use? The Web offers a host of choices for sexual expression on Online, without considering the age group, sexual orientation, faith or sexual deviations, and with such graphic details! Many users are unaware that they can be traced while the Web offers the illusion of privacy in all Web communications. Several difficulties have surfaced regarding cases of cybersex. By the time the attention of parents, elders, and religious superiors is brought to focus on the pattern of sexual compulsivity and persistent behaviour that their wards and subjects are addicted to, it is too late for intervention and for recovery. While the person makes illicit sexual contacts with others, people have discovered bundles of pornographic images, or sites that pop up on their e-mail boxes or in their personal belongings. A careful study of sexuality, the need to impart a clear understanding on homosexuality and same-sex attractions, are needs of the times. It is the task of the mental health professionals, especially those in formation and those involved in the service of imparting holistic education, to make a careful evaluation to remedy the problems. Are we sufficiently aware of the misuse of Internet, compromise of integrity, the struggles that individuals/ consecrated persons undergo and the devastating impact on the moral, mental, spiritual and religious character of their consecrated life? What treatment programmes do we make available to remedy such transgressions?

## **Introduction**

Our culture and society offer us one particular perspective on sexuality. In most of the East Asian countries, seeking explanation on *human sexuality* had been a taboo or an issue that was not openly

taught or discussed neither in the homes nor in the schools. In the 21<sup>st</sup> century and in the last few decades of the 20<sup>th</sup> century, images of sexuality are prominently displayed in magazines, TV, movies and in advertizing. Internet that entertains cybersex and pornographic websites which are at an easy reach, have caused great havoc in family life, professional circles, and employment environments, making our understanding of sexuality less objective and more self-gratifying. Given this existential scenario, in what ways does the prominent display of sexuality in the present-day media reflect and shape our values, needs and desires? How are we facing this challenge of Human Sexuality?

**Sexuality:** In the broadest terms, sexuality is a central life-force from infancy to old age. It has two components in the life cycle. 1) *Biology* (including sexual maturation process and the genetically determined sex drive) and 2) *Life Experience* (an amalgamate of cultural heritage, parental attitudes and individual personal life style).

Infants discovering their bodies, children playing kissing and touching games while exploring their own bodies and those of their siblings and peers, adolescents becoming conscious of their physical and emotional growth, teenagers beginning to engage in their first sexual activity while shaping their personal values, young adults, men and women going through marriage and other alternative paths to sexual fulfilment, leading to middle and old age, are all diverse life experiences of "Human Sexuality."

**Infancy and Childhood:** Sexuality begins at conception when gender is determined, and recent observations have shown that infants experience and express sexual response from their earliest days. Sexual attitudes of adults are crucial to the development of these attitudes into children. From his/her early days, the child begins to form an image of his/her body, incorporating into this concept the behaviour and attitudes of his/her parents, including body contact and emotional attachment, which may influence the way he/she expresses his/her sexuality as an adult. For instance, children are likely to feel fear and guilt about sexual matters if such attitudes are present in the primary caregiver/mother. I have come across people (in the clinical context) who carried on fear and guilt as adults which they had initially introjected during their childhood.

Between the ages of 18 months and 3 years, most children begin to understand the biological differences between the sexes and to form a clear idea of which sex they are. At this stage the child tries to take

on the gender identity or to model his/her behaviour on the same-sex parent and may even begin to imitate adult sexual behaviour. However, it must be clear that in children, such activities are related to play and do not have elements of erotic meaning.

At first, young children think that the main differences between girls and boys are matters of clothing and haircuts, but by age two and a half, gender differences become more apparent, such as noticing the different positions during urination. By about age 3, children will have a clear idea of what sex they are.

By age 4, the child's curiosity is compensated through his/her imagination. This may result in developing irrational fears/phobias which may continue to be part of one's behaviour pattern as an adult. It is around the age of 4 and 5 they develop the Oedipus complex in which children fantasize about having an adult-like relationship with the parent of the opposite sex and hence competing with the same sex parent. This is a natural part of the process of gaining a sexual identity and is called the Oedipus complex or the Electra complex.

Around the age of 6 or 7, most children develop a sense of modesty concerning their bodies and become aware of a social restriction on sexual experience. As a consequence, quite often children between the ages 6 and 12 become more secretive about their sexual behaviour, although their sexual responsiveness is as strong as it was in their early childhood.

In late childhood the children begin to give importance to same-sex friendships. These friendships help them to form their sexual identities through the sharing of information, fantasies and sexual games. Although these friendships resemble homosexual behaviour in nature, they certainly do not indicate an individual's sexual orientation in later life, such as homosexual orientation. For instance, children of this age and even that of a younger age, when sent to boarding houses may court such behavioural attitudes mainly due to separation anxiety from parent figures or that of their siblings. Such behavioural patterns are mere "*homosexual experiences*" and are not to be considered as homosexual orientations.

**Sexual Orientations** – whether one becomes heterosexual, homosexual or bi-sexual – is usually resolved during adolescence. Recent figures indicate that 20% of all adolescents have homosexual experiences; with boys it is of a slightly higher percentage than girls. The homosexual phenomena is quite complex. However, human behaviour specialists/clinical psychologists single out one underlying

principle: that the homosexual man or woman suffers from a deficit in his or her relationship with the parent of the opposite sex, and that there is a corresponding drive to make good the deficit through the medium of same sex or homosexual relationships (Moberly, 1983). Contemporary research indicates that some individuals do regain their heterosexual inclinations (about one out of three adults), but the majority remain with homosexual inclinations (J.F. Harvey, 2007).

In preadolescence and in early adolescence, most teenagers are still forming close friendships with members of their own sex. Another factor involved here is that adults spend much time and effort warning teenagers away from heterosexual activities and yet they are silent about homosexual activities. Such an attitude naturally leads some teenagers to conclude that homosexual activities are more permissible than heterosexual ones.

One of the questions that adolescents usually pose is: Does an early infant experience influence later behaviour? The answer is: yes, the amount and quality of physical contact an infant has and how his/her parents express affection for him/her can make a difference in how the individual will express affection as an adult. It is true that early infant experience is important in forming attitudes of body image that are likely to remain throughout life.

Until recently, mental health professionals and the general public considered homosexuality to be a psychiatric disorder. At present there are diverse opinions.

The Church officially condemns the legitimacy of "Homosexual/Same Sex Attractions" and "same sex marriages." The Church's teaching concerning these erroneous freedom on matters of *homosexuality* and *homosexual unions* are found in three documents from the *Congregation for the Doctrine of the Faith (CDF)*. 1) *On the Pastoral Care of Homosexual Persons* (October 1, 1986), 2) *On Non-Discrimination against Homosexual Persons: Some Considerations concerning Response to Legislative Proposals* (July 23, 1992), 3) *Considerations Regarding Proposals to Give Legal Recognition to Unions between Homosexual Persons* (June 3, 2003).

The Document on Pastoral Care of Homosexual Persons teaches that Homosexual acts are by their very nature, disordered. It also teaches that Same-Sex attraction (that is, the inclination to perform same-sex acts), which though not a sin in itself, is an objective disorder. The third Document, *Considerations Regarding Proposals...* is concerned with the response of the Catholic Church in certain countries to the

so called “gay-rights” legislation. It confronts same-sex unions and gay-marriages. In fact the Holy See refuses to use the term “gay marriage” because in no way is a same-sex union a true marriage.

It must be noted that the prohibition of same-sex marriage is not merely a Christian teaching. This issue relates to the natural moral law, so the CDF’s arguments are addressed not only to persons who believe in Christ, but to all persons who care about the common good of the society. Although it can be blinded by bad philosophy and bad choices, the human spirit naturally knows the truth that marriage exists solely between a man and a woman physically expressing their love for and acceptance of each other with the hope of having children and family. Anything contrary to this view is considered as opposing to the natural moral law and is *objectively* wrong – regardless of one’s particular religious beliefs or opinions. According to Thomas Aquinas, “Every humanly created law is legitimate insofar as it is consistent with the natural moral law.” Pope John Paul II points out, “Laws in favour of homosexual unions are contrary to right reason...” (Ev.V. 1995, No. 90).

**Adolescent Sexuality:** About the age 10 to 18. This is the period of fast sexual maturation, both biologically and in daily life experience. The sex organs fully mature, the whole body changes in appearance and there is an increased interest in sexual expression. These biological developments naturally trigger the adolescent’s search for a sexual identity. This is a process that includes refining basic attitudes and values which will shape ones future sexual behaviour. From age 9 - 12, which is called preadolescence, there is a growing curiosity about sexual matters. This is a distressing period since these preadolescents are confused and are self-conscious. The changes they experience in their bodies (wet dreams/nocturnal emissions in boys and menstruation in girls) bring about a kind of insecurity as they need to cope with all the secondary physiological changes that take place simultaneously. A lack of clear information either from the parents or school, adds to the sense of physical and emotional insecurity.

One of the obvious observations of adults concerning preadolescents’ and adolescents’ behaviour is that they often exhibit fluctuations in their mood: from sullenness and unresponsiveness to aggressive outbursts aimed at parents or parental figures or the whole adult world. These shifts in mood are partly due to sharp increases in the amount of sex hormones their bodies produce and also because at this age they are beginning to rebel against adults in order to claim some degree of independence.

These physical and emotional changes continue in adolescence as well, since they carry on their search for their personal identity. Adolescents in general, begin to integrate these two aspects of sexuality, those of biology and life experience, into a code of sexual behaviour. It has been observed that the sex drive increases more in boys than in girls. One of the reasons for such intensity is that there are apparent differences in male and female sexuality in the life cycle of adolescents.

Dr. Helen Singer Kaplan feels that owing to the intensity of the sex drive especially in the male, he becomes more interested in the emotional aspects of sex, as he grows older. In fact, Dr. Kaplan contends that it is less in women, because women are more person-centred and are more conscious of their bodies at this stage as they mature as full grown women (Kaplan, 1979). However, many psychologists agree that both males and females can acquire what they may have lacked, if given a healthy social environment, which would naturally increase their capacity for emotional and physical sexual fulfilment.

The period of adolescence is most crucial, because it is at this stage the adolescent usually decides one's Sexual Orientation - whether he/she wants to become heterosexual, homosexual or bisexual. Some of the surveys done on adolescents reveal that 20 % of all adolescents have some sort of homosexual experiences, although most of these teenagers do not adopt this as their permanent orientation in adulthood. One of the reasons for the stagnation is that some individuals limit their sexual exploration because of fear or personal (family/religion) convictions, while others during their early adolescence stage may dare to carry out experimentation with intercourse.

A recent survey (Internet, 2010) states that teens are losing their virginity by the time they reach the age of 17. This research finding poses before us a question, "are they sexually active even earlier?" It is true that due to the increased media exposure to the adult world the teenagers at present are well aware of everything that is going on around them and they have an increased temptation to experiment with intercourse, which leads them to a variety of problems. The most serious among them are venereal diseases and pregnancies. Both are on increase among teenagers at the international level. One survey (Human Relations Media, 1981) reports that every day, over 3,000 American teenagers contract a sexually transmitted disease and about 2,800 teenage girls become pregnant. One cannot emphasize enough

for the need for personal responsibility in adolescent sexuality. In India too, the reality is equally gruesome, although statistics on such issues are not easily available for ready reference.

**Adult Sexuality:** According to Dr. Kaplan, the sexually mature adult will have a relaxed, natural attitude towards sex and will have an open, sharing attitude toward his/her partner. Most adults, 80-90% who marry, find their sexual expression within the setting of marriage and often change their focal point from themselves to the other. This demands adjustments in values and ways of thinking about sex in order to accommodate those of their adult partner. Sexual problems often arise among couples because of their differences in sexual attitudes and behaviours. Sex therapists very often agree that sexual difficulties are often caused by deeper unconscious problems in the relationship itself.

It must be emphasized that adults who choose not to marry (singles, those who choose a life of consecration through priesthood or religious life) also have sexual needs which they seek to express. Their sexual attitudes and expressions would depend on the level of sexual maturity each one attains. There are some consecrated individuals with a sloppy conscience who engage in sexual activities freely, while others are quite mature in dealing with their sexual drives. It is observed that homosexuality is an alternative for a minority of adults. Even severely handicapped people have sexual needs and desires and they are often as capable of full sexual responses as the able-bodied.

Marriage demands a change of focus from the part of an individual towards sexuality. A failure to do so may lead couples to sexual problems because of the differences in sexual attitudes and behaviour according to each one's culture and life experiences. During their 30's, 40's and 50's adults may find their sexuality changing. For some, the middle years can be a time of sexual crisis. The decline of reproductive functioning in women begins at about the age of 45 and may last until 65. This period is called menopause. The end of menstruation can be a difficult time both physically and emotionally for some women who give into depression. Men too, as they get old experience a sexual decline called Andro-pause or male climacteric and it is generally less dramatic. It is observed that a physically healthy man can enjoy sex and even father children until the end of his life. However, a decrease in the production of testosterone does create in men physical and emotional problems.

## **What Does Sexual Maturity Really Consist in?**

A sexually mature person is relaxed about sex and has no shame, guilt or anxiety about sex in one's given state of life. The mature person is able to form a stable, emotionally satisfying relationship with another person which is in consonance with the nature of commitment one has made in one's life. As for celibates, the transcendence of sexual relationship that one requires in this regard needs to be constantly objectified in one's life of commitment. "Prayer enables one to use God's gift of sexuality in the way that He wills it to be used. Through prayer he/she puts the love of Christ before every other love, and is able to resist the temptation and avoid sin" (Harvey, 2007). The first thing a young person needs to do is to realize that human sexuality is a gift of God. The human passions are disordered and difficult to control as a result of original sin and we are tempted to violate the laws of God with regard to sexual activity. Sexual maturity consists in keeping our emotions under the control of the will and directing it into the integration of the whole person. The moral virtue of chastity is "a power pertaining to the sexual appetite by which sexual desires habitually move in accordance with the judgment of reason and the choice of the will" (Aquinas, T. *Summa T. I-II*).

## **Self-Abuse, the Problem of Masturbation**

Masturbation has been called self-abuse or self-pleasuring and is a complex phenomenon as it is the result of sexual imbalance. This problem is often associated with older adolescents and adults, "who for a variety of reasons are driven in on oneself and find a substitute from real living in this symbolic and frustrating behaviour", says Benedict Groschel, C.F.R. The New Catholic Encyclopedia describes 'masturbation' as stimulation of the external sex organs to a point of climax or orgasm by oneself, by movements of the hand or other physical contacts or by sexually stimulating pictures or imaginations.... or by a combination of physical and psychical stimulation." (Farraher, J. 1967). This sexual tendency is common in both males and females, which is in fact an immature way of dealing with one's sexuality. It is a withdrawal from others to oneself refusing to face the realities of life. The Church teaches that it is a serious violation of natural moral law. The Church in *Persona Humana* points out that masturbation is an intrinsically and gravely disordered action (*Persona Humana*, 1975, No.9). Maturity demands that an adult should not be self-absorbed and self-engaged indulging in own-pleasure quest activities deliberately. It is neglect of social responsibility and also does harm to oneself.



It is imperative to instruct adolescents and adults (especially those who masturbate compulsively) to make a careful distinction between an act of the free will and an act that has no free choice with regard to adequate guilt and degrees of personal responsibility. If not it can lead up to a bad habit and neurotic compulsion. Loneliness and depression are considered as powerful factors leading adults to this habit as it is embedded in latent desire for sexual satisfaction. Loneliness is usually joined with feelings of deep self-hatred and anger. Surfing Internet and viewing pornographic websites are mere regressive compensations when one is blinded by one's impulse to sexual pleasure. When the real world is hard to face, people turn to the fantasy world and become addicted to sexual *objects* (other persons are seen as objects). "This is the beginning of sexual addictions" (Carnes, Patrick. 2001). For instance, when a young religious is placed in a community of elderly religious, he/she finding no meaningful relationships feel isolated and lonely and could give into masturbation. If such a person is allowed to be among the same age group, the temptation to escape into the fantasy world may be counteracted more easily. There is a way out for compulsive masturbators if they come to understand that they are not bad persons but are suffering from a disease that needs to be treated and can be cured completely. Therapists and spiritual directors (who accept and are in tune with the teachings of the Church) can help people to overcome their low self-esteem, self-centeredness, worthlessness and give spiritual support to overcome these painful inner conflicts.

### **Helps to Deal with Masturbation:**

- Help the person to reflect upon the meaning of his/her life, hopes and accomplishments, disappointments, frustrations and loneliness. Try to discover and identify the real cause of what is troubling him/her since masturbation is symptomatic of hidden restlessness.
- Provide with a spiritual plan that is more realistic and adequate considering the age and status of the person.
- Make the person aware of the type of fantasy he/she is having which leads to masturbation. Teach to bring oneself back from sexual fantasy and stay firm in the reality as soon as the person tends to move away from it. For instance to say a short prayer, and doing some physical work around the home or garden, taking a walk, playing outdoor games and so on.

- Besides sharing the difficulties with the therapist/spiritual director, to find a support group (who get regular help) like "Sexaholics Anonymous." Cultivation of good and healthy friendships with real people significantly reduces the power of sexual fantasy, giving the person one's sense of self-worth.
- Some may need professional therapy if masturbation is followed by masochistic or sadistic images. It is also necessary to identify the masturbator's sexual orientation and help to be given accordingly and adequately.

### Helps to 'Gay'/Same Sex Attraction:

'Gay' people are those homosexuals who have made themselves known to others or at least to another person that he/she has a SSA and accepts it as part of one's personality. *Positive Alternatives to Homosexuality (PATH)* is an organization which works with people with uncalled-for sexual attractions. They help persons with SSA to realize their personal goals for change in two ways: 1) by developing their innate heterosexual potential, or 2) adopting lifestyle as a single, non-sexually active man or woman. Those who have been helped (thousands of men and women) have found peace and fulfillment by resolving their SSA feelings in ways that are emotionally healing, gender affirming and in agreement with their deeply-held values and beliefs, and supportive of their individual life goals. PATH emphasizes that individuals with SSA can have positive alternatives to living a homosexual lifestyle. It places a great value on a person's freedom to resist these feelings and turn away from the seductive invitations of homosexual/gay groups.

### Human Friendships: Benefits and Boundaries

How can we describe good Friendships? "The higher the virtues you share and exchange with others, the more perfect and mature your friendship will be" says St. Francis de Sales in his classic, *Introduction to the Devout Life*. If your mutual reciprocal exchanges concern charity and Christian/religious commitment, you can identify it being a good and healthy friendship. Friendship is very often based on intercommunication and hence it shares the other person's qualities. "Friendship is also the most dangerous of all types of love", says Francis de sales, which is devoid of intercommunication. Friendships differ according to the kind of goods which are exchanged, such as false and empty goods. Marriage is an example of true goods because of the exchange of life, work, affection and fidelity. Exchange of carnal pleasure and inclinations of animal allurements are dehumanizing and are not mature/good friendships.

One should form friendships with those who can exchange higher levels of virtues, for example that enhance love of God and love of neighbor in accordance with one's commitment. Immature and selfish friendships can easily turn out to be dangerous. Therefore such relationships should not be entertained and in case a relationship turns out to be on that line it should immediately be severed without entering into any sort of compromise. We are called to entertain and cherish only those friendships which are based on the love of Christ. Such a love relationship will not be in any way opposed to our normal relationships our friends and relatives. St. Augustine says, God must be in human friendships. A true friendship does not exist unless God is the bond between two good friends and the solution of the problem of human friendship lies in the integration of the love of man/woman with the love of God. C.S. Lewis makes a clear distinction between purely affective, sentimental friendships and true friendships. "A true friendship is a communion of ideals and affection in which two persons share with one another their common pursuit of a goal" (Lewis, C.S., 1960).

### **Moral Boundaries**

Moral boundaries are necessary for those having the same-sex attraction to keep intimate friendships from becoming sexualized. In counseling SSA, the value of expressing affection in a chaste way in the company of the other, should be stressed. They are to observe same boundaries as heterosexual men and women do by avoiding any conduct that will directly arouse feelings of lust within oneself or within the other person. Such conduct includes long telephone conversations, the exchanging of mutual affection, the internet chats and so on. Avoiding such behaviours are described as respecting external boundaries. Regarding the internal boundaries that are connected with the emotions, persons should have recourse to prayer regularly, and should place the love of Christ above every other person, and avoid all occasions that may tempt one to fall. Above all, a SSA person who tends to be over-dependent upon another to the extent where he/she makes the other person an idol, making the emotional life centered on the other, is violating the internal and the external human boundaries and lives an unchaste and irresponsible life in the name of close friendship.

Such SSA person should do well by having recourse to the so-called support group of "*The Three Pillars of Courage*" (Harvey J. 2007) where:

1. Adequate help is given by priests by listening with compassion, patience and instructing the person in the full truth of the Church's

teaching as a medicine for their souls. They are helped to go for confession as soon as they recognize their fall/sin and keep themselves accountable to the confessor/spiritual director.

2. Encouragement is given to deepen one's Catholic spirituality and live it out through the reception of the sacraments of Confession and Eucharist, adoration, rosary, Scripture reading, private and group prayer and spiritual direction.

3. The fellowship, which is the third pillar of courage. It recommends get together for the sharing of a meal, going on retreat together, going to the movies, or just informal get together over a cup of coffee. Such encounters enable people learn how to involve themselves in social and spiritual activities as part of their membership in the Church.

To sum up, to keep chaste friendships (within the context of SSA), one must fully admit his/her own vulnerabilities with humility and not pretend that he/she can handle the situation by him/herself. One needs to admit his/her own limitations to help and preserve chastity. It is also important that SSA persons should not limit their friendships to other persons with SSA alone. They should be counseled and recommended to have healthy and chaste friendships with others. SSA men should frequently mix with heterosexual men and SSA women with heterosexual women. The Divine assistance too is very much essential to overcome tempting occasions and to reject the illicit desire of lust and to cultivate the healthy attitudes towards chastity. A unified will and not a divided will that is needed, says St. Augustine, in his *Confessions* "as a spiritual faculty, the will has its own unity and therefore cannot be divided." The most important boundary is a conviction that chastity is a precious gift.

A mature person is the one who accepts every aspect of his/her own life and understands the many phases and stages of it with its particularities. This acceptance includes an understanding that one's sexuality constantly changes and develops, expressing itself as a child, as an adolescent, as a young adult and as a mature adult. Making the transition from childish to adult sexuality is not easy. In a culture where approved patterns of behaviour in sexual relationships are changing rapidly, the problems that are encountered too are getting complicated and intensified, which demands and requires human support, direction and encouragement.

## **Conclusion:**

This article was an attempt to explore two main aspects of sexuality within the life cycle, examining some of the major components of sexual maturation and the various aspects of sex-drives. It has discussed the dynamic nature of sexuality with regard to the healthy and unhealthy boundaries and relationships. A variety of adult sexual expressions and the obstacles to healthy relationships they encounter were also discussed. Our present day aggressive secular world creates a lot of confusion and unsettles the growing generation from developing a mature outlook towards life and sexuality. A healthy awareness and understanding of "human sexuality and life cycle", is a must in the development of mature adults. The confusion due to mixed messages from the media needs to be cleared through correct understanding of the working of our mind and body. While there is a lot of good literature available to acquire clear and comprehensive understanding of human sexuality, the abuses and immature handling of media/internet and pornographic sites, have made it difficult for the adolescents and even the adults to defend themselves against a culture where approved patterns of behaviour in heterosexual relationships are changing rapidly. To mentor and guide the young generation to take a more realistic and moral stand in handling their sexuality is the need of our times. It is inevitable therefore that we as elders, educationists, formators and mental health professionals need to impart a more healthy, sound and holistic knowledge to help and guide our younger generation with unwavering faith so that they understand their sacred sexual histories, become mature responsible human beings, experiencing love of God and being capable of sharing it with all, in mature freedom. In the words of our Holy Father Benedict XVI (Zenit News, Agency, Sept. 2010), let us urge the youth "to ignore the shadow temptations of Today's celebrity culture".